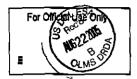
US Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11-30 2006

This report is mandatory under PIL 88-257 as smended. Fallure to comply may result in criminal prosecution. Tines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U	2 Fiscal Year Covered From
1544/	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Milton Campbell	Name LIUNA Local Union #135
	_ Labor Organization File Number 006-285
PO Box Bidg Room No If any	P O Box Building and Room Number If any
Sweet 740 Sandy Street	Street 740 Sandy Street
Chy Morristown	Chy Norristown
State Pennsylvania ZIP Code +4 19401	State Pennsylvania ZIP Code +4 :19401
5 Position in labor organization President	
Enter appropriate data below if during the past fincal year you or your apouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Name	
Trade Name If any	
PO Box Bidg Room No If any	7 b Amount
Street	
City ' "" ]	
State Pennsylvania ZIP Code + 4	
3 Signature	
16 Signature and verification. The undersigned declares under penalty of Porjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents). has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Milton (amplell on 8-15-05 - 610-275-4036  Date Telephone Number	

Name of Person Filing Milton Campbell	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which con ists of buying from salling or leasing to profinewise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name if any)	8 Business deals with	
Name LDC Heavy & Highway Health & Welfare Fund	a Labor Organization	
PO Box Bidg Room No If any PO Box 37003	∖X, b Trust	
Street	c. Employer	
Cily Philadelphia		
State 'Pennsylvania ZIP Code + 4 19122		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name same	I am a trustee of this Fund	
Trade Name if any	,	
PO Box Bidg Room No Ifany		
Street:	11 b Approximate dollar value of such dealing	
City	12 a Nature of Interest held or income received	
State ZIP Code + 4 1	Reimbursement of airfare and expenses for my attendance at an educational conference held 11/30/04 12/04/04	
	1	
	I.	
	12 b Amount \$2 185	
C Received from any employer (other than an employer covered under parts A and B above)  or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment	
Name		
Trade Name If any		
PO Box Bldg Room No IFany		
Street		
Crty 1	}	
State 1 ZIP Code + 4 [	A- P4 444	
13 b is the Business an Employer or Consultant   7	14 b. Amount of payment	